

DEPARTMENT OF SOCIAL SERVICES
PAYMENT REQUEST / RECEIVING REPORT
P.O. Box 3927
Baton Rouge, LA 70821

VENDOR NUMBER: _____

VENDOR NAME & ADDRESS:

AGENCY NAME & ADDRESS:

AGENCY CONTACT PERSON:

AGENCY PHONE NO.: _____

DESCRIPTION

INVOICE/JOB
NUMBER

DATE REC'D.

QTY. REC'D.

VEHICLE LICENSE # (IF APPLICABLE): _____

AGENCY NO.	ORG.	OBJECT	SUB OBJECT	REPT. CAT.	AMOUNT

I certify that the articles described on this order have been received, counted, and accepted by me, and that the quality is satisfactory.

PREPARED BY:

DATE:

AUTHORIZED AGENT/RECEIVING AGENT: